

May you all have
Happy Holidays
and a Wonderful
New Year!



Robert E. Bush
Naval Hospital

10th Anniversary Edition of The Examiner

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Snow Storm hits Morongo Basin



On Sunday morning of Nov. 21, residents of several Hi-Desert communities, including the Marine Corps Air Ground Combat Center woke to a blanket of white snow measuring from 7 to 16 inches. This major storm closed all roads and highways into and out of the Morongo Basin and caused wide-spread power outage for several hours. At press time, weather forecasters were calling for more snow.

The Robert E. Bush Naval Hospital Announces Flu Vaccine Guidelines

The Naval Hospital has recently received a limited supply of the flu vaccine. Because of the national shortage, only high risk patients enrolled to the hospital under the TRICARE Prime option or those over 65 who are empanelled to the hospital in the TRICARE for Life program will receive their flu shots this year.

Active duty members preparing to deploy will be inoculated by their respective Battalion Aid Stations.

High risk patients enrolled to the Naval Hospital are identified as:

- * 65 years and older who are empanelled to the Naval Hospital in the TRICARE for Life program

- * All children 6 to 23 months of age

- * Persons aged 2-64 years with underlying chronic medical conditions such as chronic metabolic diseases including diabetes, renal dysfunction, or chronic lung or heart disorders, including asthma or immunosuppression

Please see VACCINE on page 8

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Here's to your health...

How Much Does That Pack Really Cost?

Martha Hunt, MA, Health Promotions Coordinator
Robert E. Bush Naval Hospital

The cost of tobacco is not just the cost of the pack or can; it is seen in every aspect of our lives and in society. For example, if you use tobacco, your life insurance rates are higher than a non-user. If you enter the civilian health care system, it can double your health insurance rates and you will have to prove your non-tobacco status by taking a drug test that screen you for nicotine.

Each pack of cigarettes sold in the United States costs the nation an estimated \$7.18 in medical care costs and lost productivity. In addition, 60 percent of the direct health care costs in the US goes to treat tobacco related illnesses. When a pregnant woman uses tobacco, it adds nearly \$1,000 to the overall costs of her prenatal and neonatal care and a baby born prematurely can cost the hospital over \$250,000 due to the costs of transport, intensive care, etc. The United States spends over \$300 million extra due to low birth weight babies each year.

Tobacco use is directly responsible for 87 percent of lung cancer cases and causes most cases of emphysema and chronic bronchitis. Chronic obstructive pulmonary disease (COPD) costs \$30.4 billion every year to treat and is nearly entirely due to tobacco use. Asthma costs the nation more than \$14 billion per year for health care and lost productivity.

Regarding children's health, 300,000 hospital admissions every year in the United States for kids under 18 months of age due to respiratory and ear infections. Twenty percent of total expenditures on kid's health care are due to second hand smoke in the home including \$236 million extra in asthma treatments, and \$49 million extra in ear infections.

The cost due to fires caused by careless tobacco use is \$400 million in direct damages to property. Careless tobacco use is the number one cause of fire deaths in the United States. Over 1500 Americans die every year due to careless tobacco fires.

How much does that pack really cost? A \$6 pack really costs \$33 to the individual in increased health care, insurance, lost wages, etc., \$5 to the family in increased health costs, etc., \$2 in lost wages to the employer, societal costs, etc. Therefore, a \$6 pack of cig's really costs nearly \$40 per pack per person.

Health care for active duty tobacco users is the second leading drain on the Department of Defense (DoD) health care system. The DoD yearly health care costs due to tobacco

use are \$930 million due to premature deaths and disability. The Air Force alone spends enough money in one year on tobacco related health care of their active duty to fund one average sized base. Tobacco use is also the leading indicator to early medical discharge from the military due to the health problems created by tobacco use.

What does tobacco use cost society? Remember, society is you and me and our tax dollars. Tobacco use costs the United States economy \$138 billion per year due to direct (health) and indirect costs (sick days, etc). On average, smokers are absent from work 50 percent more often than non-smokers and lost employee productivity (i.e. cig breaks) costs United States employers \$82 billion each year or \$3,400 per smoker per year. For the Marine Corps Air Ground Combat Center, that is over \$20,400,000 in lost wages due to tobacco breaks every year.

People who earn less money per year, actually spend more on tobacco per year when viewed as a portion of their income. If 1 pack/day = \$2,200/ year, then an E1 out of boot camp spends 17 percent of their income (or 1 in 5 dollars of their take home pay) and an O10 spends 1.5 percent of their income.

What is the real cost of tobacco? The real cost of tobacco is the death toll it creates. Tobacco use currently kills 1,200 Americans each day (one per minute) and one in ten adults worldwide. Six thousand children under the age of five are killed every year by second hand smoke and another 46,000 are left orphaned every year when their parents die from tobacco use. By 2030, the proportion of deaths worldwide will be one in six (10 million per year). Worldwide, tobacco use kills one person every 6 seconds or 554 people every hour. Tobacco currently kills 5 million people every year worldwide.

According to the Center for Disease Control (CDC), "smoking cessation is more cost effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, pap tests, treatment for mild to moderate hypertension and treatment of high cholesterol (CDC, 1999)." Therefore, Naval Hospital Twentynine Palms offers four week long classes on tobacco cessation to help you though this difficult time. The next tobacco cessation class begins January 4. Call Health Promotions at 830-2814 for more information and to sign up for a class. Start the New Year right and kick the habit!

November 7 -- 13 Marked Nurse Practitioner Week

The Nurse Practitioners at the Naval Hospital include, Captain Dianne Aldrich, Executive Officer and Family NP; Commander Remedios Labrador, Adult NP; Lieutenant Commander Rebecca McKnight, Family NP, Lt. Cmdr. Kathleen Hewitt, Women's Health Nurse Practitioner, and the current hospital Officer of the Quarter and soon to be Lieutenant Commander, Lieutenant Catherine Durham, Family NP.

More patients are choosing Nurse Practitioners everyday as their health care provider because, in addition to providing high-quality primary, acute and specialty healthcare, nurse practitioners empower patients to maintain and improve their health by providing individualized and comprehensive health education and counseling. Nurse practitioners focus on promoting health and preventing disease, which can reduce healthcare cost for patients.

Each month in the hospital's newspaper "The Examiner" readers are treated to informative health information in the column "Medical Minute," authored by Lt. Durham.

"All branches of the United States Military and Public Health Service have been increasing the number of positions and role of Nurse Practitioners. Their roles in such areas as Family Practice, Pediatric and Internal Medicine specialties are ever growing. We here at Naval Hospital Twentynine Palms are fortunate to have the benefit of the outstanding, caring and thorough care provided by these four exceptional health care providers," said Captain David Norman, Co-director of Clinical Services.

Life's Lesson.

If you're ridin' ahead of the herd, take a look back every now and then to make sure it's still there.
-- Will Rogers

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The Examiner welcomes your comments and suggestions concerning the publication. Deadline for submission of articles is the 15th of each month for the following month's edition. Any format is welcome, however, the preferred method of submission is by e-mail or by computer disk.

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Medical Minute...

Bronchiolitis and Your Child

By Lt. Catherine Durham, MSN, FNP
Robert E. Bush Naval Hospital

What is bronchiolitis?

Bronchiolitis (say: "brank-ee-oh-litus") is a lung infection that can be caused by several kinds of viruses. The infection causes the small airways to swell which may block the air entering their lungs and make it hard from them to breathe. Children under age 2 get this illness in the winter and the early spring. The infection is most often caused by Respiratory Syncytial Virus (RSV). Most children are sick for about a week and then get well.

What are the symptoms of bronchiolitis?

The baby who develops bronchiolitis often starts with signs of a cold, such as a runny nose, mild cough, and a fever. Then your child may begin to cough, breathe fast and wheeze (make a high-pitched whistling sound when breathing) for another 2 or 3 days.

What can I do for my child?

There are some things you can do when your child has bronchiolitis:

- * Have your child drink liquids. Don't worry if he or she doesn't feel like eating solid foods.
- * Use a cool-mist vaporizer in the bedroom while the child is sleeping.
- * Run hot water in the shower or bathtub to steam up the bathroom and sit in there with your child if he or she is coughing hard and having trouble breathing.
- * Give your child acetaminophen (some brand names: Children's or Infants' Tylenol), if he or she has a fever. Don't give your child aspirin. Aspirin has been associated with Reye's syndrome, a rare disease of the brain and liver.

When should I call the doctor?

You should call your doctor if:

- * Your child is vomiting and can't keep liquids down.
- * Your child is breathing very fast, more than 40 breaths in 1 minute.
- * Your child's skin develops a bluish color, especially around the lips or in the fingertips.
- * You can see your child's skin pull in between the ribs with each breath or your child has to sit up to be able to breathe.
- * Your child has had heart disease or was born prematurely. In this case, call the doctor at the first signs of this illness.

What will my doctor do for my child?

Your doctor will check your child for signs of dehydration (not enough liquids in his or her body). Your doctor will also check to see if your child is getting enough oxygen and may want to check your child for pneumonia. Sometimes, doctors give children a liquid medicine to help with the cough. Your doctor may want to see your child again in 24 hours.

If your child is really working hard to breathe, your doctor may suggest putting him or her in the hospital. Your child can get extra oxygen while in the hospital. Your child can also get extra liquids through the veins (intravenous fluids), which will help prevent dehy-

dration.

Will my other children catch bronchiolitis?

Bronchiolitis is spread just like a cold, through close contact with saliva or mucus, but older children usually don't get as sick as younger children do.

You can help prevent spreading this disease by keeping your sick child home until the cough is almost gone. Make sure to wash your hands after you take care of your sick child to avoid spreading the virus to others.

Please Excuse Our Mess

Starting Dec. 1, a contractor will start replacing flooring in the hospital. The contractor will replace 1,500 square feet at a time, primarily working after clinic hours to minimize patient inconvenience.

Although, the contractor is working after hours, the work will be apparent to patients visiting the hospital. All applicable safety measures will be used to thwart any potential hazards during construction. Signs notifying patients of construction in progress will also be posted.

This work is necessary to replace flooring that was put down in the hospital a couple of years ago. Because of unforeseen structural problems the old flooring started to separate from the concrete slab causing trip hazards for patients as well as staff members.

The duration of this work is expected to continue for approximately 45 to 60 days until all effected flooring in the hospital is replaced.



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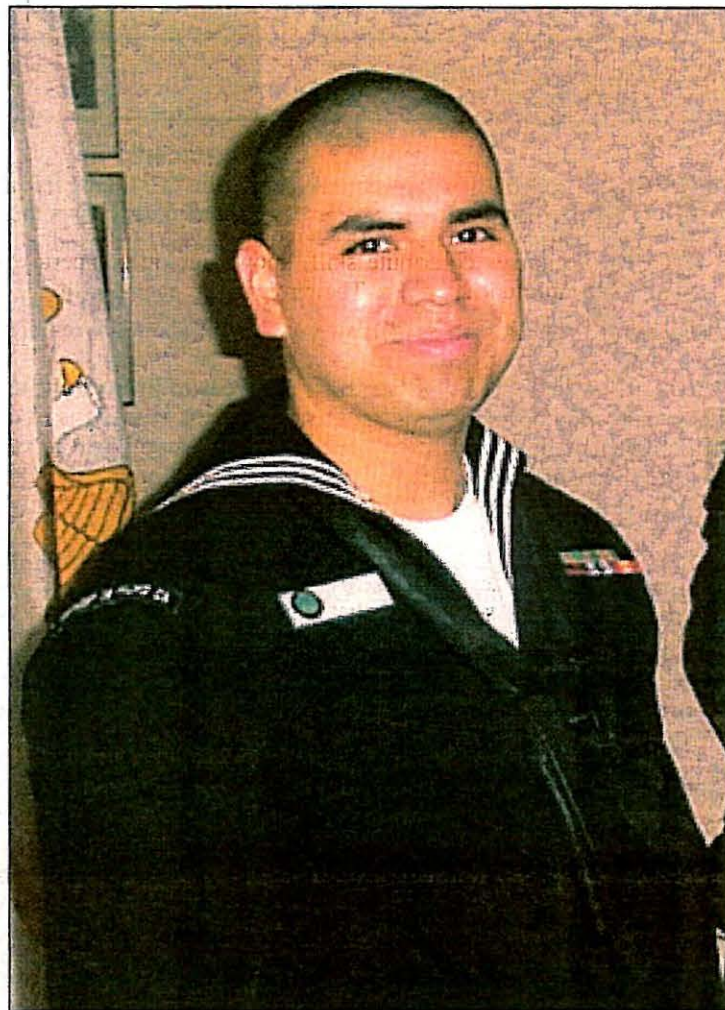
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Super Stars and Hard Chargers...

Petty Officer 3rd Class Rodolfo Rosales, of Outpatient Administration recently took the oath of reenlistment at a special ceremony on the hospital's Quarterdeck.



Captain Dianne Aldrich, Executive Officer, Robert E. Bush Naval Hospital received a Meritorious Service Medal for action at her previous command, Naval Hospital Beaufort, South Carolina.



Lieutenant Rosemary Frieson received a Navy and Marine Corps Achievement Medal for action at her previous command, Naval Medical Center, Portsmouth, Virginia.



Lieutenant Commander Eileen Sirois, Department Head, OB/GYN Clinic received a Navy and Marine Corps Achievement Medal for actions at this command.

November 15-20 Marks Perioperative Nurses Week

By Lt. Cmdr. Annie Case, Surgical Services Department
Robert E. Bush Naval Hospital

The Main Operating Room will kick off National Perioperative Nurse's Week November 15-20, with a cake cutting ceremony. This year's theme is 'Touching Lives -- Making a Difference.' The Perioperative Nurses who are making a difference at the Robert E. Bush Naval Hospital are: Lieutenant Commander Annie Case, Lieutenant Commander Efrem Lawson, Lieutenant Raymon Camp, and Lieutenant Randall Bohanon.

Perioperative nurses contribute skill, knowledge, and expertise to the care of surgical patients in a multitude of ways. Their roles, as a member of the surgical team, are ever expanding and complex in nature. It can even extend beyond the border of the Operating Room doors. Whether it is before, during, or after surgery, the most important role the Perioperative Nurse has is dedication to provide the safest environment of care.

The role of the Perioperative Nurse

Before the operation: The Perioperative nurses responsibilities begin long before the patient rolls in to the Operating Room. They provide pre-operative teaching to the patient soon after the surgery is scheduled. Although Perioperative Nurses are able to work with all types of surgeries, they are usually assigned to a specific surgical service for consistency and expertise. They network with the specific surgeons, anesthesia providers, and the Surgical Technologists to ensure that all necessary equipment and consumable supplies are available for each possible procedure. On the day of surgery, the Perioperative Nurses conduct a pre-operative interview to assess for allergies, consent for correct site surgery, NPO status, contacts, jewelry, and any last minute questions the patient may have prior to surgery.

During the operation: Prior to surgery, one of the most important roles is to assist the Anesthesia provider and surgeon with induction and patient positioning. During the surgical procedure, the Perioperative Nurses may contribute in one of two roles. They may be either circulating, or a member of the sterile field. The circulating nurses continuously monitor the sterile field for surgical team, anesthesia, and patient needs. Additional items, either routine or emergent, may be required at any point during the procedure. The Perioperative Nurse also assists with the collection and submission of labs and specimens, updating family members, completing the necessary paperwork, and emergence of anesthesia.

After the operation: Once the surgical procedure is over, the Perioperative Nurses and anesthesia providers transport the patient to the Post Anesthesia Care Unit (PACU),



Lt. Cmdr. Annie Case, back, and Lt. Ray Camp, foreground, cut the cake, as Captain Robert Engelhart, Commanding Officer, Robert E. Bush Naval Hospital look on.

Ambulatory Procedures Unit (APU), or Intensive Care Unit (ICU). They also assist with room preparation for the next patient. When not working directly in the Operating Room the Perioperative Nurses network with surgeons, present educational inservices to staff members, inventory surgical supplies, and provide measures that contribute to a safe care environment. At many smaller facilities, such as Naval Hospital, Twentynine Palm Perioperative Nurses also work in the PACU setting.

Perioperative Nurses serve in all Military Treatment Facilities, Hospital ships, Fleet Amphibious Assault Ships (as part of Fleet Surgical Teams), Fleet Hospitals, and Force Surgical Support Groups in support of the operational commitments of the U.S. Navy and U.S. Marine Corps. So take advantage of this occasion to congratulate the Nurse Corps Officers who are trained Perioperative Nurses as they celebrate their profession and contributions to Navy Medicine. Any Nurse Corps Officer interested in the Navy Perioperative Nurse Training Program should please contact Lieutenant Commander Annie Case at 830-2441.

November 7 -13 Marked Radiologist Technologist Week

The most familiar use of the x-ray is the diagnosis of broken bones. However, medical uses of radiation go far beyond that. Radiation is used not only to produce images of the interior of the body, but to treat cancer as well. Some imaging techniques do not involve x rays, such as ultrasound and magnetic resonance scans. These latter diagnostic imaging modalities are increasing in usage.

In addition to the standard/diagnostic x-ray, the Radiology Department of the Naval Hospital also offers: Computed Tomography (CT or CAT Scan), Fluoroscopy, Ultrasound, and Mammography. Other special radiological services (like MRI, Nuclear Medicine, etc.) are referred out to specialty services in the TRICARE network.

The Radiologist and Radiology Technicians (military and civilian) assigned to the Naval Hospital are:

Radiologist: Cmdr. Michael Lane, Department Head

Radiology Technicians:

HM1 Warywoda, S., R.T.(R)

HM1 Morrissey, D., R. T.(R)

HM2 Merrick, M., R. T.(R)

HM2 Scott, A., R. T.(R)

HM2 Tomblin, D., R. T.(R)

HM3 Lemus, V., R. T.(R)

HM2 Waters, R. (Radiology Tech)

HM3 Ambunan, L. (Radiology Tech)

HM3 Panganiban, R. (Radiology Tech)

HM3 Valentin, C. (Radiology Tech)

Sharon Myers, ARDMS

Helen Fayloga, R. T. (R), (M)

Al Amoranto, R.T. (R), (CT)

The Radiology Technicians here produce superb diagnostic x-ray films of human anatomy for use in diagnosing medical problems referred by clinicians. They prepare patients for radiologic examinations by explaining the procedure and position patients appropriately. To prevent unnecessary radiation exposure, technologists protect patients' reproductive organs by the use of lead shields and limiting the size of the x-ray beam, according to the examination ordered. Radiographers operate radiographic equipment at the correct angles and heights over the appropriate body part requiring imaging.

Radiology technologist can seek more specialized training and perform more complex imaging tests. For example, in fluoroscopy, radiographers prepare a solution of contrast medium for the patient to drink, allowing the radiologist to see soft tissues anatomy in the

Please see **RADIOLOGY TECH** on page 8

Learn to Become Tobacco Free!

The Naval Hospital Health Promotions Program offers tobacco cessation classes. Classes are offered at two convenient times of noon and 5:30 p.m.

To sign up, call Health Promotions at 830-2814. The next set of tobacco cessation classes will start Jan 5. Call now before it all goes up in smoke!

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Patient Safety... Preparing for the Winter Season

As we move into the winter season, the temperature swings between daytime highs and nighttime lows can be dramatic. With this in mind, we want to prepare ourselves for the risk of catching a cold, the flu, or other more serious respiratory ailment. Good health habits, such as diet, exercise, and proper amounts of sleep are normally our best line of defense against these and other ailments, but sometimes we still get sick and need to take medication.

Influenza vaccinations are normally given to active duty personnel working in the healthcare field as a matter of course; other persons, however, can consult with their healthcare providers to see if such a vaccine would be appropriate for them. The "flu-shot" does not, however, protect against bacterial infections -- these germs require specific classes of antibiotics to get them under control. Unlike pain medications or supplements, antibiotics require strict adherence to the way in which these drugs must be taken.

All too often, persons stop taking their antibiotics before the end of the duration set by the provider. This practice of "saving antibiotics" for a rainy day can be very dangerous.

In a recent news release by the Institute for Safe Medication Practices (ISMP), it was cited by the National Household Survey on Drug Abuse that 26 percent of respondents saved antibiotics from previous illnesses and that half of those persons had taken those antibiotics at a later date without proper medical consultation. This same report also discussed the practice of certain respondents to share their prescription drugs with other individuals.

These practices by the public can be dangerous if not fatal. When a healthcare provider writes a prescription for a patient, the drug is meant only for that patient and his/her particular illness or disease. Additionally, drug sharing for any reason is never a good idea. Allergic reactions or unintended injury can result from taking another person's prescription medication. If you think a person needs a medication, take him or her to a healthcare provider for a proper evaluation. Furthermore, always take your prescription antibiotics just as the provider tells you to take them.

By remembering these simple tips on safe usage of medication, we can minimize the dangers of medication error or misuse. To that end, we here at the Naval Hospital are always willing to discuss your medication questions with you.

San Diego Reaches Patients Worldwide

By Journalist 2nd Class (SW) Joshua Smith,
Navy Medical Center San Diego Public Affairs

SAN DIEGO - Ear Nose and Throat (ENT) specialists at Naval Medical Center San Diego (NMCSO) employ a unique technological tool which allows them to evaluate patients without ever meeting with them face-to-face.

This tool is Telemedicine, and with it, NMCSO's ENT specialists can examine, diagnose and prescribe medications to a patient who is hundreds of miles away.

Before Telemedicine, the only options for patients at remote military clinics in Southern California who required specialized ENT care were to seek treatment from civilian medical providers or make the trip to NMCSO. Some of these clinics are located more than 300 miles away from San Diego.

"With Telemedicine, we're seeing patients from afar," said Dr. Darrell Hunsaker, NMCSO staff otolaryngologist. "Personnel at Port Hueneme (Construction Battalion Center), Lemoore (Naval Air Station) and Twentynine Palms (Marine Air Ground Combat Center) don't have [local] access to military ENT specialists. Having them drive all the

Please see MEDICAL TECHNOLOGY on page 8

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Want Fewer Sick Days This Cold Season?

By Lt. Cmdr. Kathleen Hewitt
Robert E. Bush Naval Hospital

The weather is changing, cooler days and nights are here, and there are at least 200 cold viruses lurking out there, waiting for the opportunity to make a visit to you and your family.

There is no foolproof way to avoid colds, but you'll have fewer if you remember these strategies:

- * Know who's susceptible. Anyone can get colds -- especially someone who lives or works with children. Because they have not yet developed an immunity to many cold viruses, kids under age 12 typically get 5-7 colds a year -- more if they are in day care.

- Another factor that can raise your risk of catching cold or flu viruses is psychological and/or physical stress, such as associated with grief, working long hours, or extremely vigorous physical activity.

- Some good news, though. The longer you live, the more immunity to cold viruses you develop because you've already had to fight so many of them.

- * Know how to cut your risk. Avoid cold sufferers when they're most contagious -- the first 2-3 days after the onset of symptoms; after 5 days, the cold is not infectious. Wash your hands thoroughly and often to kill germs of all kinds -- about 20 seconds in hot, soapy water. Keep your fingers away from your eyes, nose and mouth where cold viruses enter your system. Frequently clean common areas and shared objects, particularly when family members or coworkers are contagious. Use disinfectants liberally on counter tops, telephones, bathrooms, etc. Boost your immunity with moderate exercise; 5-7 servings of fruit and vegetables a day; at least 7 hours of sleep; and conscious relaxation to relieve stress.

There are many myths and old wives' tales about colds and "cures." Here are some of the common cold myths and the facts behind the myths.

Myth: Colds are caused by bacteria, and an antibiotic will make you feel better faster.

Fact: Colds are caused by viruses, and antibiotics have no effect on them.

Myth: You'll catch a cold if you get chilled.

Fact: Colds are caused when you come into contact with a cold virus. Colds are common during the cold winter months probably because people are inside more and in closer contact with one another (and kids are in school, spreading viruses from one to another, and then to their families).

Myth: You are most likely to get a cold if you share a drink with, or kiss, someone with a cold.

Fact: This is one way you could catch a cold, but not the most common one. The most likely way you'll catch a cold: shaking hands -- or touching a surface that someone with a cold has touched -- and then touching your nose, eyes, or mouth. This is why hand-washing is such a good way to help prevent a cold.

Myth: You need antibacterial soap to kill a cold virus.

Fact: Regular soap will do just fine. And if you find you need to wash often (i.e., you're taking care of a sick child), an alcohol-based gel may be more convenient than constantly running to the sink.

However, even though we know the "facts" about the common cold, many of us still fall prey to those viruses during the fall and winter. So, here are a few suggestions for "what not to do when you feel crummy."

- * Don't be a martyr. It takes a lot of energy for the immune system to fight off infection, so you need all the rest and sleep you can get.

- * Don't over-medicate. Medicines won't help your immune system fight off a virus; they only help relieve symptoms. The over-the-counter cold and flu medicines that contain a combination of things may or may not work any better than aspirin, but they are almost always more expensive. When in doubt, it's always better to take fewer medicines, due to

possible drug interactions and side-effects.

- * Don't take antibiotics for a cold or the flu. They do nothing to fight viruses.

- * Don't worry about fevers that last only three days; they won't cause any harm. If you're too uncomfortable, though, it's okay to take aspirin, acetaminophen, or ibuprofen. Just follow low dosage directions. (Note: Pay attention to fevers in infants. And never give aspirin to kids under age 18; it is associated with Reye's syndrome.)

- * Don't dehydrate yourself. Drink as much liquid (e.g., water, fruit juice) as you can to help keep mucus thinned. As far as food is concerned, less is better. But listen to your body. If you feel hungry, stick with light soups and fruit.

- * Don't suppress a productive cough. Excess mucus/phlegm needs to be expelled.

Finally, contact your care provider if rest, hydration, good hand-washing, and time have not shown an improvement in your symptoms. Most upper respiratory tract infections get better on their own with these time-proven measures. If you develop a high fever, and/or a sore throat that lasts more than 2-3 days, a rash, or have difficulty breathing or swallowing, you may have been exposed to "strep throat." Your care provider will do a throat culture to test for streptococcal pharyngitis, a contagious illness caused by the streptococcus bacterium. It is spread when an infected person coughs or sneezes, or by direct contact with the infected person. If you have strep throat, your provider may prescribe an antibiotic which usually helps you feel better in a few days.

Meanwhile, to soothe your sore throat:

- * Gargle several times a day with warm salt water (1 tsp of salt per 8 oz. of water).

- * Rest and drink plenty of clear fluids, especially water.

- * Take a pain reliever such as acetaminophen for discomfort or fever.

- * Suck on throat lozenges or hard, sugarless candies.

Now that you have the low-down on those pesky cold viruses, here is a "cold" quiz to test yourself on your prevention "smarts."

1. Catching a cold early in the winter increases your immunity to other cold germs.

True or False

2. People catch more colds in winter because:

a. we get less vitamin C.

b. we're indoors more.

c. cold weather weakens our immunity.

d. none of the above.

3. Because colds are viruses, antibiotics are ineffective against them.

True or False

4. The most common way cold germs are spread is from sneezes and coughs.

True or False

5. Cold sufferers are the most contagious during the first 2-3 days after symptoms begin.

True or False

6. You can ease cold symptoms with:

a. alcohol

b. chicken soup

c. decongestants

d. b and c

7. Which symptom is rare in a cold?

a. chest pain

Please see COLD SEASON on page 8

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CREATIVE EDGE

RADIOLOGY TECH...

Continued from page 5

body such as the gastrointestinal or genitourinary systems. Some Radiology Technologists operate computed tomography scanners (CAT scans) to produce cross-sectional images. Mammographers operate low dosage radiation equipment for locating breast masses or calcification which patients or clinicians may not be able to palpate. Sonographers, also known as ultrasound technologists, use non-ionizing, high frequency sound waves to produce images, much like oceanic sonar. The image is viewed on a screen and may be recorded on a printout strip or photographed for interpretation and diagnosis by physicians. Sonographers look for subtle differences between healthy and pathological areas, and judge if the images are satisfactory for diagnostic purposes. Sonographers may specialize in neurosonography (the brain), vascular (blood flows), echocardiography (the heart), abdominal (the liver, kidneys, spleen, and pancreas), obstetrics/gynecology (the female reproductive system), and ophthalmology (the eye).

Others radiology technologist specialties not present at Naval Hospital Twentynine Palms include Nuclear Medicine and MRI Technologists. MRI Technologists operate machines using giant magnets and radiowaves (rather than radiation) to create an image in a modality called magnetic resonance imaging (MRI). Nuclear Medicine Technologists image function (physiology) of various body systems through the use of radio-active injectable agents and special cameras.

The Radiology Technologists at Naval Hospital Twentynine Palms deliver superlative service to the the Twentynine Palms base and Morongo Basin community, a population of over 45,000 residents.

"The Radiology Technologists here at Naval Hospital Twentynine Palms are a highly-motivated, hard-working team of active duty and civilians who represent the hospital, medical staff, Navy and Marine Corps, and their country with great distinction," said Cmdr. Michael Lane, Radiologist.

COLD SEASON...

Continued from page 7

- b. cough
 - c. fever
 - d. fatigue
 - 8. When you have a cold, nasal discharge is clear and "runny."
- True or False

Answers:

1. False -- Since there are many viruses, catching one doesn't make you immune to different ones.
2. b - You can catch a cold in any season. But you're more exposed to others' germs in the winter because people generally spend more time indoors.
3. True -- Antibiotics fight infections caused by bacteria, such as strep throat. Reminder: Avoid unnecessary antibiotics because the more you use them, the less effective they can become (and they may not work when you really need them).
4. False -- You're most likely to become infected by touching your mouth, nose, or eyes after touching hands and objects that are covered with germs. Best defense: Wash your hands often; keep your distance from cold sufferers; and don't touch your face.
5. True -- After 5 days, the cold usually isn't contagious.
6. d -- Steaming hot chicken soup helps reduce mucus in your nose, while decongestants relieve nasal swelling. Conversely, alcohol is dehydrating and may increase congestion.
7. c -- If your temperature is 102 F. or higher beyond 48 hours, call your provider. Fever that lasts 3-4 days is more likely a symptom of flu or bacterial infection.
8. False -- Many people mistakenly believe that green or yellow nasal discharge means they have a bacterial infection. This type of discharge is common in viral infections.

VACCINE...

Continued from page 1

- * Children age 6 months to 18 years who are on daily aspirin therapy
- * Family members and care givers of children younger than 6 months of age
- * Pregnant women

Flu shots will be given at patient's regularly scheduled appointments. Because of the shortage, walk-ins cannot be accommodated at this time.

For questions about the hospital's flu vaccine policy, call Outpatient Services at 830-2752.

Those not enrolled to the Naval Hospital under the TRICARE program are encouraged to contact their respective Primary Care Manager (PCM) for guidance.

Eligible family members or retirees who have elected to not enroll to the Naval Hospital under the TRICARE program, and now wish to enroll, should visit the hospital's TRICARE Service Center for more information.

MEDICAL TECHNOLOGY...

Continued from page 6

way to San Diego may remove them from the workplace for two or three days."

With its implementation of Telemedicine technology, in 1997, NMCS's ENT Department has cut down a patient's time away from work to less than an hour in most cases.

Hunsaker and his colleagues conduct consultations twice a week using Video Teleconferencing (VTC) technology to interact with patients at other Telemedicine equipped clinics. Along with VTC equipment, each clinic is fitted with a rhinolaryngoscope, electronic stethoscope, otoscope, and ophthalmoscope and base camera with illumination.

"We have the ability to look in the ears, nose and throat with the cameras and scopes. There's also a stethoscope so that we can listen to the chest. We have somebody on the other end, a physician, physician's assistant, nurse or Corpsman who drives the scopes. We just tell them what we want to see," said Hunsaker.

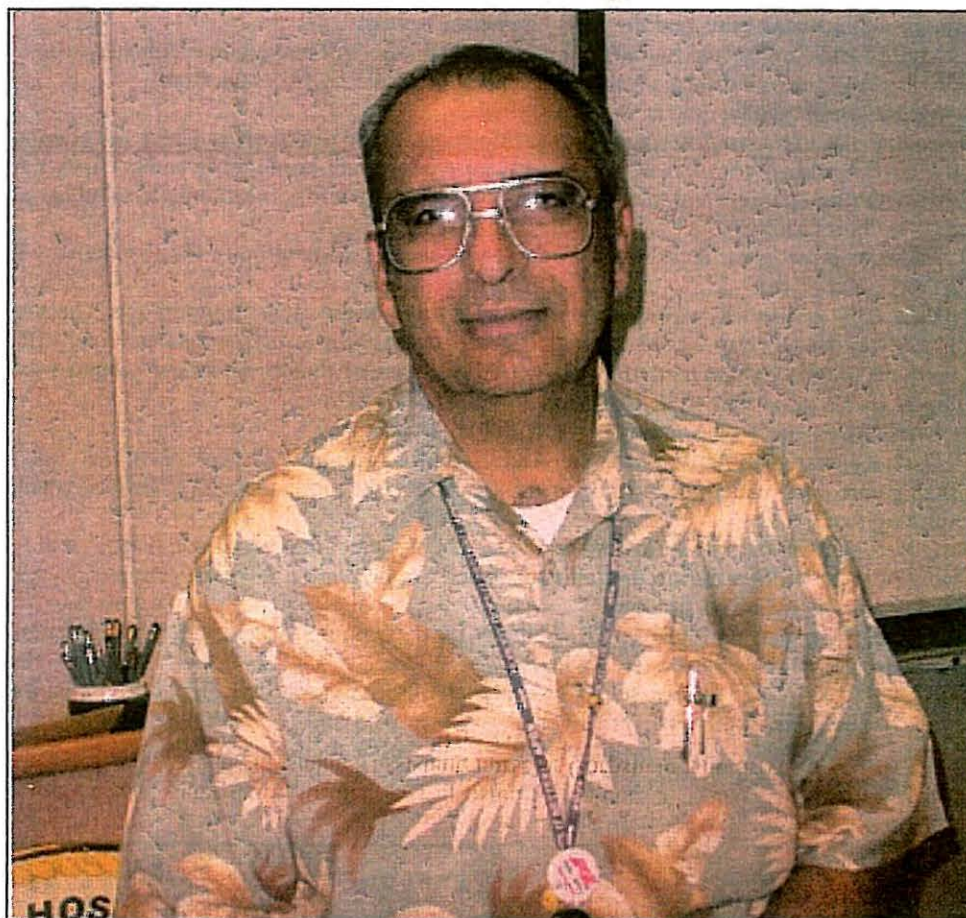
The ENT specialist can also review the patient's medical record and, following the examination, make their diagnosis and prescribe medications that the patient can pick up at their primary care location.

"The only reason the patient would usually ever need to travel to NMCS is if he or she required surgery."

Along with being convenient to patients, Telemedicine is also cost effective. According to Hunsaker, Telemedicine has saved approximately \$100,000 a year in travel costs.

Telemedicine is one of the many innovative programs at Naval Medical Center San Diego that enable its staff to deliver top quality health care service to its beneficiaries.

Fair Winds and Following Seas...



Carmine Scelza of the hospital's Safety Department is retiring from Civil Service after more than 20 years of service, of which 10 of those years were spent at the Naval Hospital. Scelza also served as the Union President, representing civilian employees of the Marine Corps Air Ground Combat Center.

Life's Lesson...

It is far more impressive when others discover your good qualities without your help.